#### **PATENT**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

RAMON ALFREDO CARVALHO SIOCHI

Application No.: Unassigned

Filed:

Herewith

For: INTENSITY MAP RESAMPLING FOR MULTI-LEAF COLLIMATOR

**COMPATIBILITY** 

Atty. Docket No.: 2001P10894US

Examiner: Unassigned

Group: Unassigned

Date: 10 - 9 - 1



#### **CERTIFICATE OF MAILING**

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| States Postal Service as First Class Mail in an envelope | e addressed to: Assistant |
| Commissioner for Patents, Washington, DC 20231 on        |                           |
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# INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR §§1.56 AND 1.97(c)

Assistant Commissioner for Patents Washington, DC 20231

Dear Sir:

The references listed in the attached PTO Form 1449, copies of which are attached, may be material to examination of the above-identified patent application. Applicant submits these references in compliance with his duty of disclosure pursuant to 37 CFR §§1.56 and 1.97. The Examiner is requested to make these references of official record in this application.

This Information Disclosure Statement is not to be construed as a representation that a search has been made, that additional information material to the examination of this application does not exist, or that these references indeed constitute prior art.

This Information Disclosure Statement is being filed within three (3) months of the filing date of the above-referenced application. Accordingly, it is believed that no fees are due in connection with the filing of this Information Disclosure Statement. However, if it is determined that any fees are due, the Commissioner is hereby authorized to charge such fees to Deposit Account 19-2179.

Respectfully submitted,

Jenny G. Ko Reg. No. 44,190 Attorneys for Applicant(s) Tel: 650-694-5810 Fax: 650-968-4517

# Form 1449 (Modified)

# **Information Disclosure** Statement By Applicant

(Use Several Sheets if Necessary)

2001P10894US Atty Docket No.

Application No.: Inventor

Unassigned

Ramon Alfredo Carvalho Sio

Unassigned Herewith

Group Filing Date

## **U.S. Patent Documents**

|          |     |            |         |               | ,     |       | Filing 5 |
|----------|-----|------------|---------|---------------|-------|-------|----------|
| Examiner |     |            |         |               |       | Sub-  | 1111111g |
| Initial  | No. | Patent No. | Date    | Patentee      | Class | class | Date     |
|          | A   | 5,663,999  | 09/1997 | Siochi        | 378   | 65    | 06/1996  |
|          | В   | 5,724,403  | 03/1998 | Siochi et al. | 378   | 150   | 06/1996  |
|          | C   |            |         |               |       |       |          |
|          | D   |            |         |               |       |       |          |
|          | E   | 1          |         |               |       |       |          |
|          | F   |            |         |               | 1     | 1     |          |
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Foreign Patent or Published Foreign Patent Application

| Examiner |     | Document | Publication |               |       | Sub-  | Transla | ation |
|----------|-----|----------|-------------|---------------|-------|-------|---------|-------|
| Initial  | No. | No.      | Date        | Patent Office | Class | class | Yes     | No    |
|          | L   |          |             |               |       |       |         |       |
|          | M   |          | -           |               |       |       |         | -     |
|          | N   |          |             |               |       |       |         |       |
|          | O   |          |             |               |       |       |         |       |
|          | P   |          |             |               |       |       |         |       |

### **Other Documents**

| Examiner<br>Initial | No. | Author, Title, Date, Place (e.g. Journal) of Publication |
|---------------------|-----|--|
|                     | R   |  |
|                     | S   |  |
|                     | Т   |  |
| Examiner            | •   | Date Considered  |

Examiner: Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.